NC Medicaid Managed Care Provider Playbook



Fact Sheet

Children and Youth Transitioning from NC Medicaid Managed Care to Foster Care for Providers

Information and Guidance for Providers

The North Carolina Department of Health and Human Services (NCDHHS) transitioned most Medicaid beneficiaries to NC Medicaid Managed Care (Standard Plans) on July 1, 2021. Additional Medicaid beneficiaries will move into the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan on Oct. 1, 2023.

At the time of transition, children already in foster care remained in NC Medicaid Direct without the option to choose an NC Medicaid Managed Care Plan (e.g., Standard Plan, Tailored Plan).

Children who are enrolled in NC Managed Care and enter foster care are disenrolled from their Managed Care plan and moved back to NC Medicaid Direct. This fact sheet addresses questions related to this process.

WHAT HAPPENS IF A CHILD IS ENROLLED IN A HEALTH PLAN AT THE TIME THEY ENTER FOSTER CARE?

Once the local Department of Social Services (DSS) Medicaid program is aware that a child has entered foster care, the Medicaid caseworker adds foster care evidence in NC FAST (NCDHHS' eligibility system). If a child is enrolled in a health plan at the time they enter foster care, the child will be disenrolled from the health plan and moved back to NC Medicaid Direct.

When the child moves to NC Medicaid Direct, the health plan works with Community Care of North Carolina (CCNC) and/or the Local Management Entity/Managed Care Organization (LME/MCO) to transition care management, services and supports for the child. All organizations work together to minimize any disruption of services or care.

WHAT IS THE DISENROLLMENT PROCESS TIMELINE?

NC Medicaid Direct enrollment is effective retroactive to the first day of the month that the child entered foster care.

HOW WOULD I KNOW WHEN A CHILD IS DISENROLLED FROM THE HEALTH PLAN?

Providers would know if a child is disenrolled when they verify the child's Medicaid eligibility in NCTracks which should be done before each visit. A letter is also mailed to the Authorized Representative when the foster child's managed care status changes.

CAN I STILL SEE A CHILD WHO HAS ENTERED FOSTER CARE?

Children in foster care who are eligible for Medicaid can continue to receive health care services from any provider who accepts NC Medicaid.

WHAT IF A CHILD EXITS FOSTER CARE?

- If the child is reunified with their family, resulting in foster care disenrollment, this will change the child's Medicaid status.
- The child's Medicaid status will change the first day of the month following the month the child
 is reunified with family. There is no exception as long as child welfare reports the reunification
 to the Medicaid worker and the worker makes the changes in NC FAST. Even if keyed on the
 last day of the month, the managed care status will change the first day of the next month.
- Depending on the child's resulting managed care status code, the child will potentially return to a health plan.
- Any member with former foster care eligibility evidence, will be deemed high risk, eligible for health plan care management.

HOW DO I SUBMIT CLAIMS FOR A CHILD IN FOSTER CARE WHO HAS NOT YET BEEN DISENROLLED FROM THE HEALTH PLAN?

Claims submitted to NCTracks prior to enrollment in NC Medicaid Direct will be denied due to the child being enrolled in a Standard Plan or Tailored Plan. Claims may be resubmitted once the enrollment in NC Medicaid Direct has occurred if the dates of service align with the NC Medicaid Direct enrollment dates.

If the claim is filed with the Standard Plan or Tailored Plan, it will be recouped after the retroactive enrollment in NC Medicaid Direct has occurred.

HOW DO I SUBMIT CLAIMS FOR A CHILD IN FOSTER CARE WHO IS IN NC MEDICAID DIRECT?

Claims are submitted to NCTracks or to the Medicaid Direct LME/MCO for Medicaid Behavioral Health Services.



HOW TO GET HELP FROM THE CHILD'S HEALTH PLAN

The health plan, through its call centers, will be available 24/7 to meet urgent needs.

NC Medicaid Health Plan		After Hours Number or Additional Instruction	TTY
AmeriHealth		just the country and groups and the	866-209- 6421
Carolina Complete Health		The afterhours number for Nurse Advice Line is available by selecting 2 and then 4 when calling 833-552-3876	711
Healthy Blue	844-594-5070	844-545-1427	711
United	800-349-1855	855-202-0992	711
WellCare of North Carolina	866-799-5318	800-919-8807	711

WHAT IF I HAVE QUESTIONS?

If you have questions about a child's **Medicaid eligibility**, please contact the NCTracks Call Center at 800-688-6696.

For general inquiries and complaints regarding health plans, NC Medicaid has created a Provider Ombudsman to represent the interests of the provider community, provide resources and assist providers with issues through resolution.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 919-527-6666. The Provider Ombudsman contact information is also published in each health plan's provider manual. For questions related to your NCTracks provider information, please contact the NCTracks Call Center at 800-688-6696. To update your information, please log into the NCTracks Secure Provider Portal and utilize the Managed Change Request (MCR) to review and submit changes.

For questions related to member eligibility, please call the NCTracks Call Center for more information: 800-688-6696.

For all other questions, please contact the NC Medicaid Help Center at 888-245-0179 or email at Medicaid.HelpCenter@dhhs.nc.gov.